

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

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In re:

Highgate LTC Management, LLC,

Case No. 07-11068

(Chapter 11)

Debtor(s)

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**SIXTEENTH REPORT OF THE PATIENT CARE OMBUDSMAN FOR HIGHGATE
LTC MANAGEMENT, INC.**

Sixteenth Report of the Health Care Ombudsman for Highgate LTC Management, Inc.

For the Reporting Period Beginning October 21, 2009 and ending December 14, 2009

The following report is a compilation of three separate Long Term Care Ombudsman Programs due to the fact that this Bankruptcy proceeding involves three distinct counties with three Long Term Care Ombudsman Coordinators. Each Coordinator is submitting their own report under the appointment of one Coordinator, Edie M. Sennett, Patient Care Ombudsman.

Report of Patient Care Ombudsman Activities for Northwoods Rehabilitation ECF-Hilltop:

The Schenectady County Long Term Care Ombudsman Program continues to provide a regular presence in Northwoods Nursing & Rehabilitation ECF-Hilltop. The assigned volunteer Ombudsman remains vigilant in keeping with her weekly visits to the facility in order to maintain the Program's regular presence in the building. The assigned Ombudsman has established a routine whereby she tours every unit and as prompted or needed has one on one conversations with residents and families during every visit.

During the last sixty days the facility underwent an abbreviated review by the survey team from the Department of Health. The Ombudsman Program was present at the exit conference typically held by Department of Health to reveal their findings from the survey. While there continues to be improvement with the delivery of care, the Department of Health noted some areas still in need of correction, but not at the critical level as discovered during previous surveys.

The assigned volunteer Ombudsman reports that there are no outstanding complaints registered by the residents at the monthly Resident Council meetings held at the facility. The Program is in constant contact with the facility Social Workers and as expected works with key staff in resolving problems as they arise from either residents or families.

Some projects that the facility is working on are, setting a new policy on smoking and more importantly where residents smoke. At present residents and visitors smoke at the entrance of the building and this has not only become an esthetic issue, but a health issue. The facility also continues to proceed with its cosmetic changes.

Ombudsman Coordinator visited facility on December 7th and spoke with the Administrator regarding the status of the facility. Both parties acknowledged that facility operations are improving and that it continues to be an ongoing process toward achieving maximum performance.

In addition to this goal, it is the facilities mission to regain the trust and confidence of the community which has been such a loss for everyone as a result of the facilities very troubled times.

The Ombudsman Program will continue to monitor the facility.

Northwoods Rehabilitation & Extended Care Facility of Cortland:

The Cortland County Long Term Care Ombudsman Program is covering Northwoods of Cortland with two volunteers and the Program Coordinator. Due to the volume of concerns noted on the previous Patient Care Advocate Report, this facility was visited on a more frequent basis during this reporting period. The following report captures the observations and reported concerns from October 20 to December 13, 2009.

Many changes have occurred since the court appearance on November 18th, 2009. A new administrator, assistant administrator and a Director of Social Work started on 11/23. An additional social worker is scheduled to start 12/14. As reported during the court hearing, two consultants hired by EF Consulting LLC, are present at the facility to address concerns and improve conditions at Northwoods. The new administration is aggressively addressing the issues that have been brought to their attention. An emphasis has been placed on the concerns expressed by the resident council. Overall, there is an improvement in the majority of the areas identified in the previous report.

- Call bells not being answered in a timely manner – while this continues to be an ongoing issue, response time seems to be somewhat improved. The administration is monitoring this and plans to come in during the night shift to monitor this more closely.
- Residents having to wait long periods of time for medications, treatments and assistance – the administration is looking closely at staffing and acuity to determine if ratios are adequate. They are identifying ways for reallocate certain responsibilities from nursing staff to allow more time to provide direct care.
- Negative attitudes towards residents and families – The one complaint received in this area involved agency staff. The administration stated that they contacted the agency and this person will no longer be assigned to the facility.
- Residents unable to see doctor's when requested – the administration has discussed this with the current Medical Director. The facility is looking for the medical staff to visit residents on a regular basis. The administration also wants the medical staff to have a more active role in resident/family meetings. The facility is advertising for a full time nurse practitioner position.
- Poor personal care – We have observed improvement in this area and complaints have significantly decreased.
- Environmentally –
 - Drafts through windows – maintenance is going through the facility and caulking and resealing the windows
 - Leaky pipes and lack of cold water in some of the rooms – maintenance is addressing issues as brought to their attention
 - Problems with the elevators – A complaint that the system is old and people have had their hands caught as well as residents getting “stuck on the elevators” was brought up at the 11/23 resident council meeting. Administration has reviewed the maintenance log and discussed concerns with maintenance. Sensors have been ordered to prevent elevator doors from closing on residents.
 - Offensive odors – The administration discovered that the exhaust fan on the third floor was not working. Parts have been ordered to repair this. In addition, an

enzyme spray will be used in rooms that have been identified as “problem rooms” to help resolve this issue.

- Unclean rooms and bathrooms – the administration stated that the housekeeping staff will be increased. Presently, the staff is stripping and re-waxing all the floors.
- Staffing – the administration states that they are aggressively seeking to hire more staff as an effort to replace agency staff. They are running advertisements in the local papers, holding an open house and reaching out to the BOCES CNA program to recruit additional staff.

New issues that have been reported this period include:

- The shower room on the second floor – several residents complained that though the room had three showers, only one shower worked. They complained the room was “run down and dirty”. The same residents stated that there was another shower room that residents could use, however it had been inoperable for the past two years. Two residents also complained that they had to be wheeled through the hall with only a shower blanket around them and often times their backside was exposed. (The facility was cited on this issue on the 6/18/09 DOH survey and was noted as a repeat deficiency from 5/13/08 and 3/29/07) On 11/23/09, the administrators and ombudsman toured the facility and inspected the shower rooms. On 11/24/09, the mixing valves on the showers were replaced in main shower room and all three showers were working. The inoperable shower room is now remodeled in working condition. The residents are very pleased. With this in operation, the facility is now beginning to retile the poorly maintained shower room. The administration stated that they would be looking at shower blankets to ensure that they are large enough to cover residents.
- Food complaints – residents stated that they were still being served a summer menu, hot food was cold and no food committee meeting in had been held in three months. A food committee meeting was held on 11/30/09 to address issues. Monthly meetings are now scheduled.
- Patio Door – several residents complained that they had a difficult time passing through the patio door due to the ramp. Wheelchair bound residents stated that the automatic door sometimes closed on them if they did not get through fast enough. The glass on the door was cracked and taped on 11/23/09 due to a recent break. New patio doors were ordered 11/25/09 and a mat was placed on the ramp to give residents more traction to enable them to pass through easier.
- Facility temperature – In the 12/7/09 resident council meeting, residents complained that they some hallways and rooms are cold. During the meeting, the maintenance director identified areas that staff has the ability to control the room temperature. Residents have the ability to control their room temperature. The administrator stated that the maintenance director would go through the facility with the resident council president to record and monitor the temperatures. He explained that the thermostats would be turned up 2 degrees (keeping within DOH optimal temperature 72 – 76 degrees per the maintenance director) and then a lock would be placed on the thermostats in common areas so that staff could not adjust. One resident stated that the knob to adjust her thermostat has been missing for some time. Maintenance will be correcting this.
- Transportation for activities outside the facility – the residents complained during the 11/23/09 resident council meeting that they do not have a bus to take them places and that

they were told that it costs too much to rent a transit bus. The residents stated that this cost limits them to one off site activity per year. The administrator instructed the activity director to submit travel requests to the assistant administrator and stated that requests should be approved. He explained that purchasing a bus would be very expensive but that he did not see a problem with renting as it is more cost effective. He also stated that they would look into contracting with a company within the county.

Issues the administration has addressed in response to resident complaints directly to them and per their observation:

- Laundry – complaints that “clothes smell and the whites are dingy” – fabric softener and bleach levels have been adjusted. In the resident council meeting on 12/7/09, a few of the residents stated that they noticed the change and were pleased.
- Activities – the administration wants to see an increase in activities on the units on a daily basis. Aids are doing one to one activities with residents and the administration is looking for ways to improve the entire program.

The ombudsman and administration has been in regular conversation regarding these issues and concerns. The facility has responded to the recommendation made in the last report as follows:

- Suspend all admissions with the exception of the behavior unit to allow time for improvement in conditions
 - This agreement was met with the exception of 11/19. Two residents were admitted – one to the behavior unit (during the court hearing, it was stated that this unit was full) and one to the rehab unit. The receiver contacted the patient care advocate requesting that these admissions be allowed. The response was that they should not be admitted as per the agreement and as instructed by the court. Later that afternoon, it was reported that the people were at the facility and needed a decision from the ombudsman program as to whether the facility could admit them. It was decided that it would be too traumatic to send them back to the hospital and the ombudsman program agreed to let them stay. The ombudsman coordinator visited the residents within an hour of the phone call and found that they had been at the facility for a few hours. The admission staff stated that they did not know that admissions were suspended until these residents were in transit. When the ombudsman coordinator spoke with the consultant regarding the admission on the behavior unit due to it being full the day before, the consultant stated that two people had improved and had been moved off the unit so they had openings. In light of this situation, the attorney for EF Consulting was contacted to request no admissions including the behavior unit. This was honored from 11/20/09 to 12/1/09.
- Identify staff-to-resident ratios and retain current staff –
 - The administration is looking at case mix, staffing and responsibilities. They are looking to hire additional staff. Regarding retention, this administration is making changes that they feel are in the best interest of the residents and facility. This has resulted in staff terminations and resignations.
- Post the names of staff on duty for each shift and wear nametags so names can be viewed
 - A “staff board” has been hung on each unit listing the names of staff working each shift. Nametags have been reissued with names and photos on each side. The administration is strictly enforcing the policy that nametags must be worn at all times.

- Facility wide training in areas of dignity and respect, patient care, customer service and culture change and diversity
 - In-services are scheduled to include these subjects.
- Ensure that residents and families are fully informed about the facilities internal grievance procedure
 - A letter will be included with a mailing going out that will explain this procedure.

In summary, this administration is regularly communicating with the residents and the ombudsman program to address concerns and issues. There has been significant change over the past three weeks that appears to have had an improvement in the quality of care for the residents. The residents expressed concern over rumors related to staff being let go to be replaced by agency staff at the 12/7 resident council meeting. The administrator addressed this and stated that the opposite was true. Several of the residents state that they feel comfortable bringing problems to the attention to the administration and are pleased with the changes thus far. Northwoods of Cortland will continue to be monitored under the guidelines of the Long Term Care Ombudsman Program.

Northwoods and Rosewoods Gardens Nursing Homes:

Rosewoods Gardens Visits:

On November 6, 2009, the Coordinator visited the facility when an invitation was received to attend a ribbon cutting for a new Presidential Rehab unit opening. There were about 20 attendees for the event. A tour of the new unit was provided by facility personnel. The coordinator spent time after the ceremony to walk through the facility. There were no call bells going off at the time and all operations appeared to be satisfactory.

The Coordinator visited the facility on December 1, 2009 to deliver the Notice of Bankruptcy report. There are two other volunteers that visit the facility periodically and they have not made any adverse reports regarding the facility.

Northwoods Gardens Visits:

On October 28, 2009 the Coordinator visited the facility twice, once for a routine visit and then again in the evening for a Family Circle meeting. A few of the personnel were not wearing their name tags in view and I notified the charge nurse on duty and she corrected the issue. There were no call bells ringing at the time I was there and facility appeared to be in a normal operation. I returned that evening for a Family Circle meeting. The meeting was attended by the Administrator, the Director of Nursing, a Social worker and two nurses. Along with the staff there were about five family members present. The meeting lasted about one hour and there were some positive remarks from the family members who were present. One family member, who is a nurse, stated that she has seen a very positive move in the facility and she thanked the Administrator.

The Coordinator visited the facility on November 4, 2009. At that time there were 23 empty beds with a census of 95 residents. I met with the Director of Nursing and discussed the possibility of me attending a meeting with the daughter of a resident. The facility staffing on that day was: Day shift - 3 Supervisors, 5 LPN's, 11 CNA's, Evening shift - 1 Supervisor, 5 LPN's, 10 CNA's, Midnight shift - 3 LPN's 6 CNA's. One call bell rang while I was there and was answered within 2 minutes.

On November 10, 2009, the Coordinator visited the facility to observe the Veterans luncheon. The facility provided a special luncheon for all the resident veterans. Approximately 15 veterans were present. Also present were two service members from a local Marine group.

A visit was made on November 20, 2009. The census on this day was 102. The staffing for the day was: Day shift - 3 Supervisors, 7 LPN's, 10 CNA's, Evening shift - 1 Supervisor, 5 LPN's, 10 CNA's, Midnight shift - 1 Supervisor, 4 LPN's, 5 CNA's. Based upon my observations the facility appeared to operating normally.

On December 1, 2009, the Coordinator visited the facility for a short time to deliver the Bankruptcy Notice to the facility. It is important to also to make note that since the last court date, the facility has been visited by no less than three Volunteers from our program. There have not been any negative reports on the facility operation from any of the volunteers.

Respectfully submitted this 15th day of December, 2009

/s/Edie M. Sennett

Edie M. Sennett

Patient Care Ombudsman for

Highgate LTC Management, LLC.

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